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Date

April 3, 2002

STATUS INQUIRY

Address to:
Commissioner for Patents
Washington, D.C. 20231

Attorney Docket

LIFE-024

First Named Inventor

Lorin Olson

Application Number

09/901,535

Filing Date

July 9, 2001

Group Art Unit

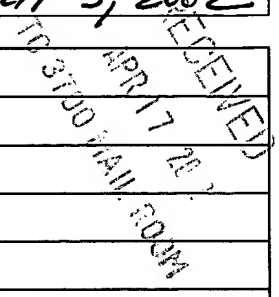
3761

Examiner Name

N/A

Title

*Improved Micro-Needles and Methods
of Manufacture and Use Thereof*



Sir:

A Response to Notice to File Missing Parts was mailed to the U.S. Patent and Trademark Office on October 16, 2001 in the above-identified application. Since over six months have passed and no communication has been received from the Patent and Trademark Office in response thereto, Applicants respectfully request to be informed of the current status of these papers.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date:

4/3/02

By:

Carol M. LaSalle

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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/901,535
Filing Date	July 9, 2001
First Named Inventor	Lorin Olson
Group Art Unit	3761
Examiner Name	N/A
Attorney Docket Number	LIFE-024

Total Number of Pages in This Submission 3

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Associate Power of Attorney <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Post Card
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	CAROL M. LASALLE, Reg. No. 39,740
Signature	<i>Carol M. Lasalle</i>
Date	April 3, 2002

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